

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>10/549656</i>	FILING DATE				
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7	/						57						
8		/					58						
9		/					59						
10		/					60						
11		/					61						
12		/					62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2												
TOTAL DEP.	10												
TOTAL CLAIMS	12												

↓

↓

↓

←

←

←

←

←

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓

↓